APPLICATION FOR REVIEW

ARB-05-

The Fairfax County Architectural Review Board

Department of Planning and Zoning 12055 Government Center Parkway Fairfax, VA 22035 703-324-1210 (TTY 711) • 703-324-3056 (FAX)

Submit Application at least 2 weeks before ARB meeting. Applicant or representative must attend ARB meeting to present application.

Applicant:	Represented by:	
Address:	Address:	
Telephone:	Telephone:	
E-mail:	E-mail:	
Historic Overlay District in V	Which Project Is Located:	
Street Address:		
County Real Property Identif	fication Map (Tax Map) number:	
General Description of Prop	osal:	
How will this project enhanc	e the Historic Overlay District?	
How does this project addre	ess the ARB Guidelines for this Historic Ove	erlay District?
Is there any other application	n relevant to this property and the proposed	d modifications pending?
I understand that all application	on requirements must be met before the ARB w	vill review an application.
Signature of Applicant or Re	epresentative	Date